

V. LEGALLY BLIND OR VISUALLY IMPAIRED

A. TARGET GROUP

Individuals with legal blindness or severe visual impairments are defined as persons:

1. whose visual acuity with correcting lenses does not exceed 20/200 in the better eye or whose vision in the better eye is restricted to a field which subtends an angle of not greater than 20 degrees; and/or
2. who experience a substantial functional limitation, as a result of vision loss, in one or more of the following areas:
  - a. physical mobility (e.g., driving, ambulation, and need for cane training);
  - b. self-care (e.g., cleaning, hygiene, and cooking);
  - c. expressive and/or receptive language (e.g., reading, writing, speaking, and hearing);
  - d. self-direction (ability to make independent decisions);
  - e. work tolerance and work skills;
  - f. dexterity and coordination; and
  - g. interpersonal skills (e.g., ability to get along with others, pursue recreational and social activities).

The determinations for visual impairments are made by optometrist or ophthalmologist licensed to practice in Nevada. The determinations that the individuals have substantial functional limitations are made by a rehabilitation coordinator or instructor who meets the same criteria as a case manager.

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED:

  X   Entire State.

       Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide).

---

TN No.: 97-07  
Supersedes  
TN No.: N/A

Approval Date **FEB 17 1998**

Effective Date 07/01/97

C. COMPARABILITY OF SERVICES

- \_\_\_\_\_ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- X   Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. DEFINITION OF SERVICES

Case management assists individuals in gaining access to needed medical, social, educational, and other services and will consist of the following:

1. verifying Medicaid eligibility;
2. gathering medical documentation of visual condition;
3. assessing the consumer's case management service needs;
4. informing the applicant of service and provider options;
5. developing a plan of care;
6. locating and coordinating resources to meet the consumer's needs;
7. arranging services and transportation to services;
8. obtaining a release of information from the consumer and providing information to service providers about the consumer's medical history and level of functioning necessary to plan, deliver, and monitor services;
9. monitoring progress and compliance with the plan of care by the consumer and by service providers;
10. informing service providers of changes in the consumer's condition;
11. coordinating or participating in Interdisciplinary Team meetings;
12. assisting the consumer to gain access to training programs designed to improve the consumer's needed self-help, communication, mobility, domestic living and community awareness skills areas;

---

TN No.: 97-07

Supersedes

TN No.: N/A

FEB 1 1998

Approval Date \_\_\_\_\_

Effective 07/01/97

13. with informed consumer consent, discussing with members of his/her family or other caretakers the supports necessary to obtain optimal benefits from the planned services;
14. counseling to assist consumers in obtaining and participating in needed services;
15. With the consumer, at least annually, reviewing and revising the plan of care; and
16. recording the delivery of eligible case management services.

E. QUALIFICATION OF PROVIDERS

Qualified case management providers are persons who are employees or contractors of the State of Nevada, Department of Employment, Training and Rehabilitation and must meet one of the following criteria:

1. A Master's degree in rehabilitation counseling from an accredited college or university;
2. A Bachelor's degree with a major in rehabilitation counseling, special education, rehabilitation of the blind or orientation and mobility from an accredited college or university and one year of professional experience in a rehabilitation setting; or
3. A Bachelor's degree in a related field and two years' professional experience in a rehabilitation setting.

F. FREEDOM OF CHOICE

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

---

TN No.: 97-07  
Supersedes  
TN No.: N/A

Approval Date **FEB 17 1997**

Effective 07/01/97

G. NON-DUPLICATION OF PAYMENTS

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Payment is not made for:

1. Services for which another payer is liable or for services for which no payment liability is incurred;
2. Case management-type services which are an integral and inseparable part of another Medicaid covered service;
3. Discharge planning for inpatients, which is required as a condition for payment of inpatient services;
4. Residents in facilities whose services are Medicaid covered; or
5. Recipients of a Home and Community Based Waiver which provides case management services.

H. PAYMENT METHODOLOGY

Reimbursement is made at a prospectively determined hourly rate. Claims are submitted from the provider to Medicaid using quarter-hour increments for actual time spent providing case management services.

---

TN No.: 97-07  
Supersedes  
TN No.: N/A

Approval Date FEB 17 1998

Effective Date 07/01/97

V. JUVENILE SERVICES

A. TARGET GROUP

1. Covered services will be provided to juveniles on probation (referred or under the supervision of juveniles' caseworkers).
2. Covered services will be provided to family member who are Medicaid eligible whose children are on probation.

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED:

  X   Entire State

       Only in the following geographic areas (authority of section 1915 (g) (1) of the Act I invoked to provide services less than Statewide).

C. COMPARABILITY OF SERVICES

       Services are provided in accordance with section 1902 (a) (10) (B) of the Act.

  X   Services are not comparable in amount, duration, and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B) of the Act.

D. DEFINITION OF SERVICES

Case management services is a set of interrelated activities through which eligible individuals will be assisted in gaining access to needed medical, social, educational, residential, and other services and will consist of the following:

1. Assessment of individual needs and problems. Monitoring progress and compliance with the plan of care by the client and by service providers;
2. Collection of assessment data history information, and medical, psychological, and related evaluations to identify the child's functioning levels and needs;

TN No.: 98-01

Supersedes

TN No.: N/A

Approval Date

3/2/99

Effective Date 01/01/98

3. Development, implementation and modifications of an individualized case plan;
4. Coordinate and arrange the delivery of services as specified in the case plan.
5. Advocacy on behalf of children and families to enable them to obtain otherwise inaccessible or unavailable services;
6. Coordinate and arrange for the movement of the child between case managers and residential placements as specified in the case plan.

E. QUALIFICATION OF PROVIDERS

Case management services will be provided only through qualified provider agencies. Qualified case management services provider agencies must meet the following criteria:

1. Have full access to all relevant records concerning the child's needs for services including records of the Nevada District Family and Juvenile Courts,
2. Have established referral systems and demonstrated linkages and referral ability with community resources required by the target population.
3. Have a minimum of five years experience in providing all core elements of case management services to the target populations,
4. Have an administrative capacity to ensure quality of services in accordance with State and Federal requirements,
5. Have a financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles.
6. Have a capacity to document and maintain individual case records in accordance with State and Federal requirements, and
7. Have a demonstrated ability to meet all State and Federal laws governing the participation of providers in the State Medicaid program, including the ability to meet Federal and State requirements for documentation, billing and audits.

Individual case managers working for provider agencies must meet the following minimum qualification.

1. meet the minimum qualifications for case managers as established by qualified provider agencies and
2. have a minimum of a bachelor's degree in social work, sociology, psychology, criminal justice or a related field and
3. have experience in working with youth

TN No.: 98-01  
Supersedes  
TN No.: N/A

Approval Date 3/2/99

Effective Date 01/01/98

4. Documented experience in a closely related youth services field may be substituted on a year-for-year basis.

F. FREEDOM OF CHOICE

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. NON-DUPLICATION OF PAYMENT

Payment for case management services under the plan does not duplicate payment made to public agencies or private entities under program authorities for this same purpose.

Payment will not be made for services which another payer is liable or for services for which no payment liability is incurred. Payment will not be made for case management-type services which are an integral and inseparable part of another Medicaid covered service.

H. RATE METHODOLOGY

The Targeted Case Management monthly cost per client is determined as follows:

Total annual costs of providing services are computed from the prior fiscal year based on actual costs, including the direct supervisory and support staff and indirect administrative staff. These costs include salaries and benefits, other operating costs including travel, supplies, telephone and occupancy cost and other indirect administrative costs in accordance with Circular A-87. The average monthly costs are then computed by dividing the annual total by twelve.

Each entity will perform a random day time study (RDTs) to determine the percentage of time spent case managing the total population. The average monthly costs is multiplied by this percentage and divided by the average number of clients receiving these services to arrive at the average monthly cost per client. This encounter rate will become effective in January.

VI. CHILD PROTECTIVE SERVICES

A. TARGET GROUP

1. This service will be reimbursed when provided to children and young adults who are Medicaid recipients who are abused or neglected or suspected to be at risk thereof as evidenced by being in the care of the Division of Child and Family Services, Clark County Department of Family Youth Services and Washoe County Department of Social Services.
2. Covered services will be provided to families who are Medicaid recipients whose children are abused or neglected or suspected of to be at risk thereof as evidenced by being in the care of the Division of Child and Family Services, Clark County Department of Family Youth Services and Washoe County Department of Social Services.

TN No.: 98-01  
Supersedes  
TN No.: N/A

Approval Date

3/2/99

Effective Date

01/01/98

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED:

  X   Entire State

       Only in the following geographic areas (authority of section 1915 (g)(1) of the Act I invoked to provide services less than Statewide).

C. COMPARABILITY OF SERVICES

       Services are provided in accordance with section 1902 (a) (10) (B) of the Act.

  X   Services are not comparable in amount, duration, and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B) of the Act.

D. DEFINITION OF SERVICES

Case management services is a set of interrelated activities through which eligible individuals will be assisted in gaining access to needed medical, social, educational, residential, and other services and will consist of the following:

1. Assessment of individual needs and problems. Monitoring progress and compliance with the plan of care by the client and by service providers.
2. Collections of assessment data history information, and medical, psychological, and related evaluations to identify the child's functioning levels and needs.
3. Development, implementation and modifications of an individualized case plan.
4. Coordinate and arrange the delivery of services as specified in the case plan.
5. Advocacy on behalf of children and families to enable them to obtain otherwise inaccessible or unavailable services.
6. Coordinate and arrange for the movement of the child between case managers and residential placements as specified in the case plan.

E. QUALIFICATION OF PROVIDERS

Case management services will be provided only through qualified provider agencies. Qualified provider agencies must have case managers which meet one of the following criteria:

1. Must have as a minimum the following education and/or experience: (a) Equivalent to completion of sixty (60) semester units of college level course work with a minimum of fifteen (15) semester units of child development, psychology, social work or a closely related behavioral science field. (b) Experience in a field related to the work may be substituted for the education on a year-for-year basis.



2. Must have as a minimum the following education and/or experience: (a) Equivalent to a bachelor's degree in criminal justice, psychology, social service, sociology or a closely related field. (b) Experience in a field related to the work may be substituted for the education on a year-for-year basis.
3. Must have as a minimum the following education and/or experience: (a) Equivalent to a bachelor's degree in child development, psychology, social work or a closely related field. (b) Experience in a field related to the work may be substituted for the education on a year-for-year basis.
4. Must have as a minimum the following education and/or experience: (a) Bachelor's degree from an accredited college or university in social work, guidance and counseling, education, gerontology, human services, marriage and family studies, psychology, social welfare or sociology. (b) Licensed to practice social work in the state of Nevada; or eligible for licensure at the time of appointment.

F. FREEDOM OF CHOICE

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. NON-DUPLICATION OF PAYMENT

Payment for case management services under the plan does not duplicate payment made to public agencies or private entities under program authorities for this same purpose.

Payment will not be made for services which another payor is liable or for services for which no payment liability is incurred. Payment will not be made for case management-type services which are an integral and inseparable part of another Medicaid covered service.

H. RATE METHODOLOGY

The Targeted Case Management monthly cost per client is determined as follows:

Total annual costs of providing services are computed from the prior fiscal year based on actual costs effective January 1998, including the direct supervisory and support staff and indirect administrative staff. These costs include salaries and benefits, other operating costs including travel, supplies, telephone and occupancy cost and other indirect administrative costs in accordance with Circular A-87. The average monthly costs are then computed by dividing the annual total by twelve.

Each entity will perform a random day time study (RDTs) to determine the percentage of time spent case managing the total population. The average monthly costs is multiplied by this percentage and divided by the average number of clients receiving these services to arrive at the average monthly cost per client. This encounter rate will become effective in January.

TN No.: 98-01  
Supersedes  
TN No.: N/A

Approval Date 3/2/99

Effective Date 01/01/98